

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 751229</b>	
1. Entity Name <b>THE HUNT CLUB ASSOCIATION, INC.</b>	
Principal Place of Business <b>3420 LONGMEADOW DRIVE, SARASOTA, FL 34235 US</b>	Mailing Address <b>5317 FRUITVILLE RD SUITE 228 SARASOTA, FL 34232</b>



01052008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2238942</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ALLURE PROPERTY MANAGEMENT INC. 5516 BURNT BRANCH CIRCLE SARASOTA, FL 34232</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, PAMELA 3420 LONGMEADOW DRIVE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMES, TERRY 3440 LONGMEADOW DR SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOXOM, EMILY 3428 LONGMEADOW DR SARASOTA, FL 34235
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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Pamela Campbell Pamela Campbell 1/10/08 941-371-3960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #